

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2009-06-30
Date of Last Change to Activities: 2012-07-31
Investment Auto Submission Date: 2012-02-28
Date of Last Investment Detail Update: 2012-02-28
Date of Last Exhibit 300A Update: 2012-07-31
Date of Last Revision: 2012-08-31

Agency: 014 - Department of State **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: Electronic Medical Record (EMR)

2. Unique Investment Identifier (Ull): 014-000000019

Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

The Electronic Health Record (EHR) System provides the essential medical record infrastructure that the Department of State's Office of Medical Services (MED) must have to deliver quality health care services to a globally dispersed, highly mobile patient population. The EHR provides a single, electronic, authoritative source of medical information that can be accessed by multiple providers for patient care delivery, medical evacuations and hospitalizations, medical clearance decisions, medical record actions, and medical program management. This investment will provide a standard, rapid and secure way to enter new medical information into a patient's MED EHR. A worldwide state-of-the-art EHR system benefits MED's patients and medical providers by enhancing the quality and efficiency of our medical care. It also improves our patient's satisfaction with the care they receive and improves their access to that care. Specific benefits to the Department include increased operational efficiency; improved patient documentation; enhanced remote access; improved capacity to provide rapid response to medical crises and mass casualty events; and the ability to retrieve epidemiological and quality assurance data, thus enabling MED to better manage the medical program. In addition the future EHR will have many capabilities such as clinical decision support, integrated electronic prescribing, quality data reporting, patient portals and biosurveillance reporting that our current system does not have. In 2010, MED began partnering with the e-GOV and Project Services Office (PSO) to identify a fully integrated

EHR with these enhanced capabilities and meeting all security and interoperability requirements for federal EHR systems.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

The EHR investment will, for the first time, provide all MED health professionals, domestically and overseas, with an accessible, efficient and high-quality medical record system. The new EHR will offer tools to our medical staff that will improve their ability to diagnose patient illnesses, be more effective in promoting individualized health maintenance, and extract meaningful data about health trends among the Department of State patient population. This acquisition is not one that can easily be significantly scaled back. The same hardware infrastructure must exist to support even a more limited deployment, though some savings could be realized by denying access and training to selected health units. The impact of such cuts would be to potentially reduce the quality of care available at certain posts, and to render an incomplete picture of the wellness of the Department's personnel.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

Operations & Maintenance (O&M) MED Customer Dashboard deployment: allowed MED customers to retrieve real time medical clearance status information. oMED and Claims database upgrade to Oracle 11 g. The upgrade from Oracle 9i to Oracle 11g has provided better security and performance to the oMED and Claims system; FAX Server integration in eMED2. ;Updated oMED SOAP application (TeleSOAP); Updated Certification and Accreditation of the current EMR to include eMED2, Laserfiche, oMED, FAX server and CLAIMS. Development, Modernization & Enhancement (DM&E) MOA between MED and PSO approved and signed; Developed and approved Charter Developed Project Plan and Project Plan Review; Risk and Issue Management Plan; Change Control Procedures Completed User Requirements and Definition Phase and Requirements Traceability Matrix Completed Technical Infrastructure and Interface Requirements Security; Systems and Security Configuration Completed the RFI for the new EHR.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

CY (2012) Approval of Interagency agreement (EHR) Hands-on product evaluation (EHR) Training of core user group (EHR) Pilot to selected Posts (EHR) Build out of technical infrastructure (EHR) Move all eMed2 server systems to ESOC East (EMR) Implement single sign-on (EMR) Integrate customer query screens for report production (EMR) BY (2013): Migration of eMed data (EHR) Adoption of product in WASHDC (EHR) Training at least 50% of overseas users (EHR) Deploy to at least 50% of overseas health units (EHR).

5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology

specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.

2011-06-06

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$3.7	\$0.0	\$0.0	\$0.0
DME (Excluding Planning) Costs:	\$3.7	\$0.0	\$7.0	\$4.0
DME (Including Planning) Govt. FTEs:	\$0.2	\$0.2	\$0.2	\$0.2
Sub-Total DME (Including Govt. FTE):	\$7.6	\$0.2	\$7.2	\$4.2
O & M Costs:	\$10.5	\$2.3	\$2.3	\$2.3
O & M Govt. FTEs:	\$0.6	\$1.3	\$1.3	\$1.4
Sub-Total O & M Costs (Including Govt. FTE):	\$11.1	\$3.6	\$3.6	\$3.7
Total Cost (Including Govt. FTE):	\$18.7	\$3.8	\$10.8	\$7.9
Total Govt. FTE costs:	\$0.8	\$1.5	\$1.5	\$1.6
# of FTE rep by costs:	8	13	13	13
Total change from prior year final President's Budget (\$)		\$-3.8	\$4.0	
Total change from prior year final President's Budget (%)		-49.30%	58.40%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

The BCR was adjusted as instructed by RM to align with the President's budget submissions. The summary of funding now reflects the final funding amount granted for EMR for the year BY11.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
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NONE

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

MED uses Earned Value Management for its projects. Performance based contracting will encourage contractors to control costs, limit project creep, and fully identify project goals and performance measures.

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-07-31

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1	EHR	Establish a single authoritative source of information that is readily retrievable for: patient care, medevac and hospitalizations, clearance, record release, program planning and management and immunization tracking.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
1	EHR							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
1	System Design/Documents		2012-06-30	2012-09-30		273	-92	-33.70%

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
1	Database/Data Prep. Core Team		2012-07-30	2012-07-30		303	-32	-10.56%
1	Technical Specification		2012-09-30	2012-09-30		121	0	0.00%
1	Purchase System Software, Licenses		2012-09-30	2012-09-30		365	0	0.00%

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
System uptime percentage.	Percentage	Technology - Reliability and Availability	Over target	98.000000	98.300000	99.820000	98.500000	Quarterly
Number of MED Health Units using EHR to enter patient data	Number	Customer Results - Service Coverage	Over target	3.000000	3.000000	6.000000	20.000000	Semi-Annual
% of Class 2 and 5 limiting medical conditions documented in eMed	Percentage	Process and Activities - Management and Innovation	Over target	0.000000	33.000000	50.370000	66.000000	Monthly
Number of OpenNet MED Customer Dashboard registrations	Number	Mission and Business Results - Management of Government Resources	Over target	0.000000	600.000000	753.000000	1725.000000	Monthly
Number of patients with electronic immunization record	Number	Process and Activities - Management and Innovation	Over target	25800.000000	30000.000000	33196.000000	38000.000000	Monthly
% of eMed users whose overall satisfaction with eMed >=4 on a scale of 0-5	Percentage	Mission and Business Results - Management of Government Resources	Over target	0.000000	0.000000	0.000000	85.000000	Semi-Annual